<b>City of Portland, Maine</b>	- Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2014-01724		071 A003001
Location of Construction:	Owner Name:		Owne	er Address:		Phone:
467 DANFORTH ST		MARSHALL WILLIAM H & KATHERINE M MARSHALL		DANFORTH S 04102		
Business Name:						
Lessee/Buyer's Name Phone:		Permit T		it Type:		Zone:
				AC	R4	
Past Use:	Proposed Use:	Proposed Use:		iit Fee:	Cost of Work:	CEO District:
Single family	Same: Single l	Family		\$124.00 ECTION:	\$10,000	.00 3
Proposed Project Description: HVAC; install new gas Peerle	ss Combi 160.		-			
	PEDI		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved w/C			w/Conditions Denied	
			Signature:		Date:	
Permit Taken By: bjs	<b>Date Applied For:</b> 08/04/2014		Zoning Approval			
1. This permit application do	bes not preclude the	Special Zone or Reviews		Zonii	ng Appeal	<b>Historic Preservation</b>
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			e	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void within six (6) months of the	Flood Zone		Conditio	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpre	tation	Approved
		Site Plan		Approve	ed	Approved w/Conditions
		Maj 🗌 Minor 🗌 🛛	MM	Denied		Denied
		Date:		Date:		Date:

## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE